Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

01276-010210115

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                              | The second secon | SMALL ENTITY TYPE       |                       | OTHER THAN R SMALL ENTITY |                        |
|---|------------------------------|--|-------------------------|-----------------------|---------------------------|------------------------|
| TOTAL CLAIMS  | 53                           |  | RATE                    | FEE                   | RATE                      | FEE                    |
| FOR   | NUMBER FILED                 | NUMBER EXTRA   | BASIC FEE               | 355.00 OR             | BASIC FEE                 | · 710.00               |
| TOTAL CHARGEABLE CLAIM  | S G3 minus 20=               | • 33   | X\$ 9=                  | OR                    | X\$18=                    | 594                    |
| INDEPENDENT CLAIMS  | 7 minus 3 =                  | <i>A</i>   | X40=                    | OR                    | X80=                      | -1-1                   |
| MULTIPLE DEPENDENT CLAIM PRESENT  |                              |  | +135=                   |                       | +270=                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                              |  | TOTAL                   | OR<br>OR              | TOTAL                     | 1244                   |
| 166 CLAIMS A  | SMALL ENTITY OR              |  | OTHER THAN SMALL ENTITY |                       |                           |                        |
| CLAIMS REMAININ AFTER AMENOME Total Independent   | PREVI                        |  |                         | ADDI-<br>IONAL<br>FEE | RATE                      | ADDI-<br>TIONAL<br>FEE |
| Total 5/  | Minus -5                     | 3 -0   | X\$ 9=                  | OR                    | X\$18=                    |                        |
| Independent FIRST PRESENTATION OF   | Minus                        | Z = 0  | X40=                    | ОЯ                    | X80=                      |                        |
| The tribution of  | WOLLD EL DEFENDEN            | CEAIM  | +135=                   | OR                    | +270=                     |                        |
|   |                              |  | TOTAL<br>ADDIT, FEE     | OR                    | TOTAL<br>ADDIT, FEE       |                        |
| (Column   |                              | 200  |                         |                       |                           |                        |
| MEMAININ<br>AFTER<br>AMENDME  | G NUM                        | BER PRESENT  | RATE TI                 | NDDI-<br>ONAL<br>FEE  | RATE                      | ADDI-<br>TIONAL<br>FEE |
| Total .   | Minus ••                     |  | X\$ 9≟                  | ÔR                    | X\$18=                    |                        |
|   | Minus                        |  | X40=                    | OR                    | > X80=                    |                        |
| FIRST PRESENTATION OF   | MUCTIPLE DEPENDENT           | CLAIM  | +135=                   | OR                    | +270=                     |                        |
|   |                              |  | TOTAL ADDIT. FEE        | ОВ                    | TOTAL<br>ADDIT. FEE       |                        |
| (Column<br>CLAIMS   | (Colur                       |  |                         |                       |                           |                        |
| CLAIMS REMAINING AFTER AMENDMEN  Total Independent FIRST PRESENTATION OF  | NUMI<br>PREVIO               | BER PRESENT<br>DUSLY EXTRA   | RATE TI                 | DDI-<br>ONAL<br>FEE   | RATE                      | ADDI-<br>TIONAL<br>FEE |
| Total •   | Minus ••                     | =  | X\$ 9=                  | OR                    | X\$18=                    |                        |
| Independent •   | Minus ***                    | =  | X40=                    | OR                    | X80=                      |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135=  |                              |  |                         |                       | +270=                     |                        |
| If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  To the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." |                              |  |                         | OR                    | +27U=                     |                        |
| Mill the "Highest Number Previous   | v Paid For IN THIS SPACE I   | s less than 3, enter "3."  | ADDIT. FEE              |                       | ADDIT. FEE                | i gara                 |
| The Highest Number Previously   | i and for Trock of Independe | airt to ma influest untube   | s women as and abbuot   | WINTER DOX ID CO      | um i.                     |                        |